



APPLICATION PACKET
HOUSEHOLD MOVERS



Dear Applicant:

Enclosed you will find the necessary forms to apply for a Household Movers permit from the Bureau of Household Goods and Services (hereafter referred to as "Bureau" or "BHGS").

Applicants have 120 days from the time the application is processed to complete all applicable requirements listed in the checklist provided. The checklist indicates the forms you must complete to acquire the permit. All forms should be attached to the application in the order presented on the checklist. Information and instruction sheets should be kept for your records.

It is the applicant's responsibility to ensure that the application is signed and that all attachments are completed accurately before sending to BHGS. If a partnership, all partners must sign, if a corporation, an officer of the corporation must sign. Instructions and examples are provided to assist you in filling out some of the more complicated forms. An incomplete application and/or incorrect information will delay the approval and may cause the denial of your permit. Be consistent in how you display your name on all forms and related documents.

The most common cause for a delay in a permit approval is the lack of insurance certification. When applying for the required insurance (PL & PD, Cargo, and Workers' Compensation) or any required bonds, take a copy of your application to your insurance broker. Your name, as it appears on the insurance certificates must be the same as it appears on your application form or the certificate(s) will be rejected and your application delayed. If you are a corporation or LLC, make sure that all your documents show the exact name of the corporation or LLC as shown in your articles of incorporation/organization.

If you are required to enroll in the Department of Motor Vehicles (DMV) Pull Notice Program (see Form HHM 706-H, Guide to Filling Out Form HHM 706-G), you should apply to the DMV for a Requestor Code Number immediately. Your permit will not be approved without this number, and it may take the DMV several weeks to issue it to you.

Before submitting your application to BHGS, make a copy of the completed application and attachments for your records.

Regards,

Bureau of Household Goods and Services
Division of Household Movers

APPLICATION FOR HOUSEHOLD MOVERS PERMIT TO ENGAGE IN THE BUSINESS OF TRANSPORTATION OF HOUSEHOLD GOODS AND PERSONAL EFFECTS FOR-HIRE OVER THE PUBLIC HIGHWAYS OF THE STATE OF CALIFORNIA

Household movers, those who use motor vehicles to transport household goods for-hire on public roads in California, must know and obey all state laws, rules, and regulations enforced by the Department of Consumer Affairs, Bureau of Household Goods and Services.

The following contains general licensing information for household movers. Further information may be obtained by calling the Division of Household Movers in Sacramento at (916) 999-2041, Option 1. Written correspondence may be addressed to: BHGS, Division of Household Movers, 4244 South Market Court, Suite D, Sacramento, CA 95834.

State law requires that a permit must be obtained to operate as a household mover. A non-refundable filing fee of \$500 is required at the time of application. An incomplete application will delay the processing and if not corrected, will constitute cause for denial of the application.

Household Mover as Defined by the Household Movers Act

Business and Professions Code section 19225.5, subdivision (h) defines a "Household Mover" as:

every corporation or person, their lessees, trustee, receivers, or trustees appointed by any court whatsoever, engaged in the permitted or unpermitted transportation for compensation or hire as a business by means of a motor vehicle or motor vehicles being used in the transportation of used household goods and personal effects over any public highway in this state. A broker, as defined in subdivision (a), shall be considered a household mover. The Legislature intends "household mover" to have the same meaning as "household goods carrier" in former Section 5109 of the Public Utilities Code, as that section read on June 30, 2018.

PERMIT REQUIREMENTS

Financial Responsibility

In order to qualify for a permit, you must establish that you are financially capable of conducting the proposed operations in a safe manner. The Bureau will evaluate and make a determination whether you qualify based upon the financial information you submit on Form HHM 706-E1 (Balance Sheet), HHM 706-E2 (45-Day Required Working Capital) and HHM 706-E3 (Projected Profit and Loss Statement).

Balance Sheet: you cannot owe others more than you own.

45-Day Required Working Capital: you must have adequate working capital for 45 days based on your total available cash and/or current liquid assets readily convertible to cash.

Projected Profit and Loss Statement: your revenue, based on the Certificate of Support (HHM 706-D), must be greater than expenses over a stated initial period (not less than 90 days, but not more than one year).

Fingerprint

Prior to the issuance of household movers permit, each applicant is required to use the DOJ's Live Scan fingerprinting process which will scan and electronically transmit to Department of Justice (DOJ) that person's fingerprints.

A BCIA 8016 (Request for Live Scan Service) form and instructions will be mailed to the applicant once the application and fee have been processed. All applicants are required to submit fingerprints as follows: 1) If sole proprietorship, the owner (proprietor); 2) If a partnership, all general partners; 3) If a corporation, all corporate officers and directors; or 4) If a limited liability company, all members, managers, and officers.

Insurance Requirements

Public Liability and Property Damage: General Order Series 100 requires all household movers to secure and maintain on deposit with the Bureau evidence of adequate bodily injury and property damage liability protection covering motor vehicles operated or to be operated.

Workers' Compensation: Business and Professions Code section 19239.1 requires all household movers to secure and maintain on deposit with the Bureau evidence of workers' compensation insurance covering all its employees.

Cargo Liability: General Order Series 136 requires all household movers to secure and maintain on deposit with the Bureau evidence of cargo insurance in the amount of twenty thousand dollars (\$20,000). This General Order also contains rules concerning liability for loss and damage of used household goods.

Rates

The Bureau issues the "Maximum Rate and Rules for the Transportation of Used Property, Namely: Household Goods and Personal Effects Over the Public Highways Within the State of California by Household Movers" (Max 4 Tariff), which contains rates, rules, and regulations applicable to these permitted movers. This document can be found on the Bureau's website at https://bhgs.dca.ca.gov/bureau_activities/index.shtml.

Equipment

All household movers must submit a list of equipment that will be operated in their proposed transportation service. This information, should be updated on an annual basis, and will be submitted to the California Highway Patrol and the mover insurance company in compliance with Business and Professions Code section 19262.

Safety Requirements

All movers must provide a preventive maintenance program, and on-going safety education and training programs, participate in the pull notice program and abide by the regulations contained in the California Vehicle Code and Title 13 of the California Code of Regulations.

SURETY BOND REQUIREMENT

Protection of Collect on Delivery (C.O.D.) Shipments

General Order Series 84 requires the filing of a surety bond with the Bureau in the amount of not less than two thousand dollars (\$2,000) before any mover may lawfully handle C.O.D. shipments. This General Order also contains other regulations pertaining to the handling of Collect on Delivery Shipments.

OTHER RELATED INFORMATION

Transportation Rate Fund Fees and Uniform Business License Taxes: All household movers transporting property for compensation subject to regulation by the Bureau are required to: 1) File quarterly revenue reports on forms provided by the Bureau; 2) Pay a \$15 administrative fee plus a percentage of their gross operating revenues; and 3) pay the appropriate uniform business license tax. You will receive notification on these reports after your permit is granted.

Temporary Suspension of Operating Authority at Request of Mover: Household movers may request a temporary suspension of their operating authority for a period not to exceed one year (voluntary suspension) when their equipment is temporarily taken out of for-hire service. Movers requesting temporary suspension must file a Request for Voluntary Suspension (HHM 661) with the Bureau and pay a \$50 fee.

Termination of Operating Authority: A household movers' permit not exercised for a period of one year (including periods of voluntary suspension) shall lapse and terminate.

Transfer of Permits: No permit shall be sold, leased, assigned or otherwise transferred or encumbered by the holder thereof without first securing authorization from the Bureau. Application requesting authorization to transfer a permit must be accompanied by a filing fee of one hundred fifty dollars (\$150). Application forms to transfer permits will be furnished upon request.

HOUSEHOLD MOVERS EXAMINATION INFORMATION LOCAL AND LONG DISTANCE MOVING

Business and Professions Code section 19239 requires an applicant for a household mover permit to demonstrate by examination their ability to engage in that business. Note that Section 19239 (b)(2) requires that if the person taking the household mover examination is anyone other than the applicant (individual or partner) or responsible managing officer, he or she must be an employee who works at least 32 hours per week for the firm. The person taking the examination must furnish a valid driver's license or other adequate identification at the time the exam is taken.

The examination will consist of Parts I, II, and III for local moves, plus Part IV for distance moves. The examination will be based on the rules, regulations and rates in the "Maximum Rate and Rules for the Transportation of Used Property, Namely: Household Goods and Personal Effects Over the Public Highways Within the State of California by Household Movers" (Max 4 Tariff) and Distance Table 8. The first part of the examination consists of true/false and multiple-choice questions on the Max 4 Tariff rules. The other portion of the exam contains problems which require you to compute transportation and accessorial charges for shipments moved under hourly, piece, or distance rates. When doing these problems, examinees should clearly show all calculations on their papers so that when the examination is graded, partial credit for properly performed steps can be awarded. A passing score of 70% is required. If an examinee should fail the examination the first time, they must wait 30 days before the same examinee or another assigned qualifier may have a second opportunity.

It is the examinee's responsibility to learn how to use the Max 4 Tariff and the Distance Table 8. The following is an explanation of some Max 4 Tariff items and concepts which examinees must understand. An examinee will be asked to compute charges using the maximum fixed rates from the Max 4 Tariff. Remember, that these are maximum rates and that, in practice, the total charge for a move must be no more than the total charge computed with maximum rates. A mover is free to establish their own rate structure as long as the rates do not exceed the maximum rates in the Max 4 Tariff. Examinees should be familiar with the provisions that allow a mover to exceed the maximum rates (Item 108).

DEFINITION OF TERMS. Item 4 of the Max 4 Tariff contains definitions of basic terms which are used throughout the Max 4 Tariff. Various other items in the Max 4 Tariff also contain definitions of basic terms applicable to those items only. It is important to know exactly what these terms mean in order to apply the rules in and properly compute rates and charges. For example, examinees must know the definition of "flight" (Item 140) to determine when a flight charge applies on piece rate moves.

ROUNDING OFF. Item 36 states that you must not round off to quarter hours until after you have added loading time, unloading time, and double the driving time.

DESCRIPTIONS AND MAPS OF RATE REGIONS AND TERRITORIES. Remember that there are three different rate territories for hourly rate moves and packing/unpacking services. There are two different rate regions for distance rate moves. If you are uncertain where a given point is located, use the index of points and the maps in the Distance Table in conjunction with the written descriptions and maps in Items 200, 210, and 230 of the Max 4 Tariff. When you transport a shipment at hourly rates from one rate territory to another, use the higher rate (Item 320) to figure the maximum transportation charge for the entire move. When you transport a shipment at distance rates from one region to another, the maximum rates in Item 310 or 390 apply.

PACKING/UNPACKING CHARGES. Note that the listed maximum rates are per container or per hour. The Agreement for Service shall determine the applicable maximum rate for the service. The rate which applies is

the one for the territory in which the service is provided. When using the rates in Paragraph 1 of Item 340, always figure packing charges separately from unpacking charges. Add the total number of hours spent packing, and then round off to quarter hours as provided in Item 36. This, multiplied by the applicable maximum rate, will give you maximum packing charges. Do the same to determine unpacking charges.

FLIGHT CHARGES. Item 140 defines “flight” and lists the maximum charge for shipments moved at distance rates. Compute flight charges only on the actual weight of a shipment. For instance, if a shipment weighs 4,500 pounds and you rate it as 5,000 pounds to compute the transportation charges as distance rates, figure the flight charge (if applicable) on 4,500 pounds only.

USE OF CORRECT MAXIMUM RATES. Items 310 and 390, Note 1 states that when charges accruing on a shipment based upon actual weight exceed the charges computed upon a rate based upon a greater minimum weight, the latter shall apply. Items 310 and 390 have seven columns of rates based on any quantity and six different minimum weights (1,000 lbs., 2,000 lbs., 5,000 lbs., 8,000 lbs., 12,000 lbs., and 16,000 lbs.). When the weight of shipment is somewhere between the listed minimum weights for any two columns, you must compute the charges two ways. First, actual weight times rate for the lower minimum weight. For example, if a shipment weighs 1,500 pounds, first find the charge by multiplying actual weight (1,500 pounds) by the rate for a minimum weight of 1,000 pounds. Second, find the charge by multiplying the higher minimum weight (2,000 pounds) by the rate for a minimum weight of 2,000 pounds. Use whichever results in the lower total charges.

DECLARATION OF VALUE AND VALUATION CHARGES. The shipper must declare a value and choose a protection level (\$0.60 cents per lb. per article, actual cash value or full value) for their goods. You must state your rate for actual cash value and full value protection or provide it free of charge. If the shipper fails to declare a value or protection level, it will default to \$20,000 of actual cash value. Again, you must state your rate for this protection or provide it at no cost to the customer.

VALUATION CHARGES ON SIT SHIPMENT. When a local or a long-distance shipment is stored-in-transit (SIT), the maximum valuation rate for the transportation may be applied twice: once to move into SIT and once to the move out of SIT. In addition, the maximum valuation charge for the SIT itself applies.

RULES ON ESTIMATES. You must be familiar with the basis for Movers Estimated Cost of Services document, the Estimated Cost of Services document, and the Change Order for Services, including situations when these documents may or must be issued, and the information which must be included on each.

SUBHAULING ONLY

The important factor in the examination will be the determination of whether or not the applicant fully understands his relationship to the prime movers and is aware of the mutual obligations incurred when parties enter subhauler agreements.

The applicant's familiarity with Max 4 Tariff sections governing the above responsibilities should be tested as well as his understanding of some of the following items in the Max 4 Tariff:

	<u>Item Numbers</u>
Notification to Shipper of Charges	84
Collection of Charges	104
Claims for Loss and Damage	92
Flight and Long Carry Rates	140
Weights and Weighing	80
Inability to Make Delivery	96
Delays in Pickup or Delivery	100
Split Delivery	152
Maximum Fixed Rates for Packing/Unpacking and Containers	340



HOUSEHOLD MOVERS OPERATING PERMIT APPLICATION CHECKLIST

Use this checklist to determine which forms should accompany your application (HHM 706-1). Complete all necessary forms and have your insurance broker arrange the electronic-filing (e-file) of all necessary insurance/bond forms with BHGS.

Application (to be completed by all applicants):

- ☐ HHM 706-1 Application Form for Household Movers.
- ☐ HHM 706-A Statement of Residence Form.
- ☐ HHM 706-B If a partnership, attach the Partnership Agreement Form or a copy of Partnership Agreement.
- ☐ Articles of Inc. If a corporation, attach a copy of the Articles of Incorporation and/or Certificate of Qualification/Status.
- ☐ Articles of Org. If a limited liability company (LLC), attach a copy of the Articles of Organization.
- ☐ Statement of Info. If a corporation or LLC, attach a copy of the Statement of Information.
- ☐ HHM 706-C Report of Equipment Form.
- ☐ HHM 706-E1 Balance Sheet Form.
- ☐ HHM 706-E2 Working Capital Form.
- ☐ HHM 706-E3 Profit and Loss Statement Form.
- ☐ HHM 706-F Release of Information Form.
 - ☐ Verification of Bank Records (bank statement, letter from bank, etc.)
- ☐ HHM 706-G General Highway Safety Requirements Form.
 - ☐ Safety Program (describe the safety education and training program).
 - ☐ Maintenance Schedule (provide a photocopy only if driving three-axles).
 - ☐ Commercial Driver Handbook (provide a photocopy).
 - ☐ Pull Notice (only if TRAC is indicated).
- ☐ HHM 706-I Workers' Compensation Declaration Form.
 - ☐ Employer of Record Certification (only if entered into contract with temp agency).
- ☐ HHM 706-J Notice of Election of Operating Authority Form.
- ☐ HHM 706-K A Driver Statement of Applicant Form (required to update yearly).
- ☐ HHM 706-M Request to Receive Notices by Email Form.
- ☐ FBNS Fictitious Business Name Statement Filing with County Clerk (see enclosed regulations).
 - ☐ Proof of Publication.
- ☐ HHM Exam BHGS will contact applicant to schedule exam date and time.
- ☐ BCIA 8016 Fingerprints (BHGS will provide to applicant once application has been submitted).
- ☐ CA Number Provide a copy of the CA number notice from CHP. The CA number must be provided to the Bureau for a permit to be issued.

CONTINUED ON NEXT PAGE

ONCE HHM EXAM IS PASSED AND BACKGROUND CHECK IS CLEARED, THE FOLLOWING APPLICABLE INSURANCE MUST BE E-FILED:

- ☐ TL 676 All applicants must have their insurance company e-file a Public Liability and Property Damage (PL & PD) insurance certificate.
- ☐ TL 672 All applicants must have their insurance company e-file a Cargo insurance certificate.
- ☐ TL 938 If hiring employees, applicants must have their insurance company e-file a Workers' Compensation insurance certificate or a State Compensation Insurance Fund (SCIF10260).
- ☐ TL 833 If handling C.O.D. shipments: surety company must provide a C.O.D. surety bond to BHGS.

NOTE: All insurance certificates and surety bonds must show the exact name(s) of the applicant(s) as it appears on the application form.

Insurance policies must be e-filed here: https://www.cpuc.ca.gov/TEB_Insuranceefiling/ and can only be done so by an insurance agent or insurance broker. We recommend that you ensure your insurance can be e-filed by either representative listed above before purchasing your insurance policy as the Bureau will not accept any paper policies.

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- ☐ CHP 362 Motor Carrier Profile Form (if a CA number has been obtained with CHP provide that on the form).

NOTE: To obtain a carrier identification number, submit a CHP 362 Motor Carrier Profile to a local CHP Motor Carrier Safety Office located on page 3 of the form. Be sure to include your USDOT and Cal-T/MTR number on the application (Part 6). A carrier identification number will not be issued by the CHP without this information. The CHP 362 Motor Carrier Profile can be found online at:

<https://www.chp.ca.gov/CommercialVehicleSectionSite/Documents/H%20chp362.pdf>



APPLICATION FOR HOUSEHOLD MOVERS PERMIT

IMPORTANT: A filing fee of \$500 must accompany this application and is non-refundable. Acceptable forms of payment are check, money order or cashier's check made out to BHGS.

For Office Use Only
Fee Type: 202
DEC #:
Receipt #:
MTR #:

Please Check All That Apply to Your Business:

- ☐ Intrastate Mover ☐ Interstate Mover ☐ Restoration Company ☐ Broker ☐ Storage Delivery
☐ Subhauler

PART I: STATEMENT OF OWNERSHIP

1. Has the applicant ever held a permit? ☐ Yes ☐ No If Yes, provide CAL-T Number: _____

2. Business Name: _____
(DBA as shown on invoices and advertisements)

Note: Any entity doing business under one or more fictitious names shall, with respect to each fictitious name, comply with Business and Professions Code (BPC) sections 17900-17930. As evidence of compliance, applicants may submit certified copies of any certificates and affidavits on file with the County Clerk where their principal place of business is located.

3. Physical Address: _____
Street Address City County State Zip

4. Mailing Address: _____
Street Address City County State Zip

5. Address of Record: _____
Street Address City County State Zip

6. Phone Number: _____

7. Email: _____

8. Contact Person: _____ Phone Number: _____

Select the appropriate business type in sections 9 or 10 below and complete all required information in the applicable section.

9. ☐ Sole Proprietor ☐ Partnership

Last Name:		First Name:		Middle:
Residence Address:				
City:			State:	Zip:
SSN/ITIN:	FEIN (if Partnership):		DOB:	

Last Name:		First Name:		Middle:
Residence Address				
City:			State:	Zip:
SSN/ITIN:	FEIN (if Partnership):		DOB:	
Last Name:		First Name:		Middle:
Residence Address:				
City:			State:	Zip:
SSN/ITIN:	FEIN (if Partnership):		DOB:	

A copy of a signed partnership agreement is required with submission of the application. If there is no written partnership agreement, you must file an agreement form (HHM 706-B) and submit with the application. If a partnership agreement has previously been filed, provide information on date and MTR number.

☐ Partnership Agreement Enclosed

☐ Form HHM 706-B Enclosed

10. ☐ **Corporation** ☐ **Limited Liability Company (LLC)**

(Provide exact name as registered with the California Secretary of State)

Name of Officer	Title	Address	Number of Shares

For both Corporations and LLCs, a certified copy of the Articles of Incorporation/Organization shall be filed with the application. If you have already filed a copy with the Bureau, provide the date of filing and the MTR number. If an LLC is more than one year old, a copy of the most recent annual statement filed with Secretary of State is required. If a Corporation is more than one year old, a Certification of Status is required.

For Corporations and LLCs organized and existing in a state other than California, a Certification of Qualification must be obtained by the Secretary of State and submitted with the Articles of Incorporation.

Articles of Incorporation/Organization: ☐ Enclosed ☐ Previously Filed (date): _____

Certificate of Qualification/Status ☐ Enclosed ☐ Previously Filed (date): _____

For Corporations: Date of Incorporation: _____ Incorporated in State of _____

Corporation Held By: ☐ Officers Listed ☐ Other (specify) _____

For LLCs: Date of Organization: _____ Organized in State of _____

- 11(a). Are any of the applicants listed in questions 9 or 10 (owners, general partners or corporate officers) currently serving, or previously served, in the US military? ☐ Yes ☐ No

If you checked "Yes" for this question, please provide the following documentation:

- **Evidence of your current military duty (copy of your military orders) OR**
- **Your previous military service (copy of your DD 214 – Certificate of Release or Discharge from Active Duty).**

- 11(b). Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under active duty military orders?

☐ Yes ☐ No

If you checked "Yes" for this question, please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership AND copies of current Leave and Earnings Statements or military order establishing duty station in California.

12. Business and Professions Code section 135.4 provides that the Bureau of Household Goods and Services must expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code.
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

☐ Yes ☐ No

If you selected Yes, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

13. Have any of the applicants or persons listed in questions 9 or 10 had any state license, certificate or registration revoked, suspended, denied or otherwise been the subject of disciplinary action by the Bureau or any other state agency? ☐ Yes ☐ No

If you selected Yes, give the particulars of the state agency's action, including the name of the agency and date and type of action taken, e.g. denial/revocation (attach additional sheets if necessary). **Applications will not be processed if this question is not answered.**

14. **Statement of Residency:** Complete form HHM 706-A and submit with application.

15. If your business is associated with shippers, receivers, or movers due to common ownership, control or management (you own part/all of the company, hold a responsible position in the company, or guide the operations of the company directly or indirectly), please complete the following:

NAME

PARTNERSHIP, COMPANY OR CORPORATION

16. Does your business have an operating authority from the Federal Highway Administration to transport used household goods in interstate or foreign commerce? ☐ Yes ☐ No

If Yes: Motor Carrier Number: _____

PART II: SCOPE OF OPERATIONS PROPOSED AND INSURANCE REQUIREMENTS

Complete and submit the following with your application:

1. Report of Equipment to be Operated: Form HHM 706-C
2. General Highway Safety Requirements: Form HHM 706-G
3. Worker's Compensation Form: Form HHM 706-I
4. Does your business have a CA Number issued by the CHP? ☐ Yes ☐ No

If Yes: CA Number _____

If No: Complete the CHP 362 form and follow the instructions included in the application packet to apply for a CA Number.

Surety Bond/Insurance Requirements

5. Applicant will handle C.O.D. shipments requiring the filing of a surety bond of not less than \$2,000, as required by General Order 84. ☐ Yes ☐ No
6. Evidence of adequate bodily injury and property damage (PL&PD) insurance is required by BPC section 19248, subdivision (a). A permit will not be issued without insurance being on file with the Bureau. Minimum public liability and property damage insurance coverage is \$250,000/\$500,000 for bodily injury or death; and \$100,000 for damage or destruction of property not being transported; or combined single limit of \$600,000.
7. Evidence of cargo insurance is required per BPC section 19248 (c). A permit shall not be issued without cargo insurance being on file with the Bureau. Minimum cargo insurance coverage is \$20,000 per shipment.

NOTE: Insurance policies must be e-filed here: https://www.cpuc.ca.gov/TEB_Insuranceefiling/ and can only be done so by an insurance agent or insurance broker. We recommend that you ensure your insurance can be e-filed by either representative listed above before purchasing your insurance policy as the Bureau will not accept any paper policies.

Examination Requirement

8. BPC section 19239, subdivision (a), requires an applicant for a household mover permit to demonstrate by examination their ability to engage in that business. The examination will be based on the rules, regulations and rates in the "Maximum Rates and Rules for the Transportation of Used Property, Namely: Household Goods and Personal Effects Over the Public Highways within the State of California by Household Movers" (Max Rate Tariff 4). The examination is open book and consists of multiple choice questions on the Max Rate Tariff 4 rules. A passing score of 70% is required. The examinee is given a total of three opportunities to pass the examination. If an examinee fails the examination, a subsequent examination may be scheduled no earlier than 30 days from the date of the failed examination.
 - (a) All applicants are required to:
 - Demonstrate possession of sufficient knowledge, integrity, and financial resources to perform the service within the scope of this application.
 - Prove knowledge and ability to engage in business as a household mover by successfully passing the examination prescribed by the Bureau.

(b) Provide the following information of person designated to take the examination prescribed by the Bureau.

Name: _____ Title: _____

Qualifier Phone: _____ Driver's License No: _____

Qualifier Address: _____
Street Address City State Zip

Qualifier Email: _____

Part III: FINANCIAL RESPONSIBILITY

1. The following documents must be completed and submitted with application, NO EXCEPTIONS:

- Form HHM 706-E1 (Balance Sheet)
- Form HHM 706-E2 (Required Capital Worksheet)
- Form HHM 706-E3 (Projected Profit and Loss Statement)
- Form HHM 706-F (Release of Account Information)

Part IV: CERTIFICATION

I (we) certify (or declare), under penalty of perjury, that the representations appearing in said application and in any Bureau forms attached thereto (including any accompanying financial schedules, statements or projections) are, to the best of my (our) knowledge and belief, true, correct, and complete, based on all the information required to be included therein, of which I (we) have any knowledge, and these representations are made in good faith. Where the Bureau operating authority is held by a corporation, I further certify that I am an officer of the corporation and am authorized to make this certification on its behalf. I (we) further certify (or declare), under penalty of perjury, that a final judgement has not been entered against the applicant(s) pursuant to Section 3716.2 of the Labor Code (worker's compensation violations).

_____ Signature of Applicant (Sole Proprietor or Partnership)	_____ Title	_____ Date
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_____ Signature of Applicant (Partnership)	_____ Title	_____ Date
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_____ Signature of Applicant (Officer)	_____ Title	_____ Date
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NOTICE

The filing of this application does not in itself constitute authority to engage in household mover operations. Any for-hire operations conducted prior to Bureau authorization are unlawful and may subject applicant to fine and imprisonment.



STATEMENT OF RESIDENCE

Business and Professions Code section 19239, subdivision (h), provides that a household mover operating authority shall not be issued unless it has been shown that applicant meets one of the following residency requirements: 1) ***If an individual***, applicant shall have resided in the State of California continuously for not less than 90 days immediately preceding the filing of the application; 2) ***If a partnership***, the partner having the largest percentage interest in the partnership shall have resided in the State of California continuously for not less than 90 days immediately preceding the filing of the application; or 3) ***If a corporation or limited liability company (LLC)***, applicant shall be a domestic corporation or be qualified to transact business in the State of California as a foreign corporation at the time of filing the application.

COMPLETE THE APPLICABLE CERTIFICATION:

INDIVIDUAL: I, _____, have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application at:

Street Address	City	County	Zip Code

PARTNERSHIP: I, _____, partner having the largest percentage interest, have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application at:

Street Address	City	County	Zip Code

I, _____, one of the equal partners have resided in the State of California continuously for not less than 90 days immediately preceding the filing of this application (any one of the equal partners may complete the certification) at:

Street Address	City	County	Zip Code

CORP. OR LLC.:

Name of Corporation or LLC, is qualified to transact business in the State of California on the date of this application.

CERTIFICATION

I/We certify, under penalty of perjury, that I/We have read and understand the residency requirements stated above. I/We hereby certify, under penalty of perjury, under all laws of the state of California that all statements and certifications on this form, are true, complete, and accurate.

Applicant Signature

Date

Applicant Signature

If applicant is a corporation:

Corporate Officer Signature

Date

Corporate Officer Title

PARTNERSHIP AGREEMENT

This partnership agreement form must be attached to the original application when a partnership agreement has not been previously reduced to writing.

If the liability of any partner, or partners, to that portion of the public with whom the partnership transacts any of its business is intended to be a limited liability, the registration required of limited partnerships by Section 16951, et seq. of the Corporations Code must be executed and recorded and a copy thereof filed with this Bureau in lieu of this form.

LIST THE FOLLOWING INFORMATION FOR EACH PARTNER

Partner Name	
Street Address	Street Address
City State Zip Code	City State Zip Code
Phone Number	Phone Number
Percentage Interest	Percentage Interest
Partner Name	
Street Address	Street Address
City State Zip Code	City State Zip Code
Phone Number	Phone Number
Percentage Interest	Percentage Interest

USE ADDITIONAL SHEETS IF NECESSARY

List the name(s) of the partner(s), who will be available to explain the operations and procedures of the partnership business and supply any requested records to authorized Commission representatives:

If there has been an agreement whereby a partner(s) is (are) to assume specific responsibilities such as management, etc., list the name(s) of such partner(s), and their duties:

Partner Name	Responsibility

List the name(s) of any partner(s), who will not take an active part in the actual conduct of the partnership business:

CERTIFICATION

We hereby certify, under penalty of perjury, under all laws of the state of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Partner Signature

Date

Partner Signature

Date

Partner Signature

Date

Partner Signature

Date



REPORT OF EQUIPMENT TO BE OPERATED

First and Last Name		
Address		
City	State	Zip Code
Area Code and Telephone Number ()		

PLEASE LIST ALL VEHICLE INFORMATION REQUESTED BELOW FOR ALL FOR-HIRE EQUIPMENT (INCLUDING LEASED VEHICLES) TO BE OPERATED BY YOU.

DO NOT LIST: Service trucks, passenger cars, fork lifts or equipment used exclusively off highways.

Please use the appropriate two-letter abbreviation for the state of registration (e.g., CA for California). Please see adjoining page for equipment and body codes (use one line for each unit of equipment).

STATE	LICENSE PLATE NUMBER	VIN (VEHICLE IDENTIFICATION NUMBER)	EQUIP CODE	BODY CODE

Attach sheet(s) for additional vehicles if necessary.

EQUIPMENT CODES	BODY CODES
0 = Powered Unit (all types)	TRAC: Power units which are used primarily to pull trailers
1 = Trailer (all types)	HHGV: Household Goods Vans
	VAN: All other vans
	FB: Flatbeds
	MISC: All equipment units that do not fit any of the above categories

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the state of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Applicant Signature

Date

Applicant Signature

If applicant is a corporation:

Corporate Officer Signature

Corporate Officer Title



BALANCE SHEET

FINANCIAL STATUS AS OF: _____
Date

Line No.	ITEM	AMOUNT
PART I ASSETS		
1.	Cash (on hand & in the bank) \$	
2.	Accounts Receivable \$	
3.	Notes Receivable \$	
4.	Inventory of Materials & Supplies \$	
5.	Other Current Assets (specify) \$	
	(i.e., U.S. Savings Bonds, etc.) \$	
	\$	
	\$	
	\$	
6.	Total Current Assets (Add lines 1 thru 5)	\$
7.	Value of Land & Building \$	
8.	Value of Motor & Other Equipment \$	
9.	Value of Shop Equipment \$	
10.	Miscellaneous (specify) \$	
	\$	
	\$	
11.	Total Assets (Add lines 1 thru 10)	\$
PART II LIABILITIES		
12.	Accounts Payable \$	
13.	Notes Payable \$	
14.	Balance Due on Motor Equipment \$	
15.	Other Liabilities (specify) \$	
	\$	
	\$	
	\$	
16.	Total Liabilities (Add lines 12 thru 15)	\$
17.	NET WORTH (Line 11 minus 16)	\$

CERTIFICATION

I/WE HEREBY CERTIFY, UNDER PENALTY OF PERJURY, UNDER ALL LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS, ANSWERS AND REPRESENTATIONS ON THIS FORM, AND ALL ATTACHMENTS, ARE TRUE, COMPLETE, AND ACCURATE.

Applicant Signature

Date

Applicant Signature

Date

If applicant is a corporation:

Corporate Officer Signature

Date

Corporate Officer Title

INSTRUCTION SHEET FOR FORM TL706-F1

PART I - ASSETS (Assets include everything you own with cash value):

CURRENT ASSETS

- A. Cash- Money you have on hand. Included cash at home, today's checking and savings account balances.
- B. Accounts Receivable- Money owed to you for goods and/or services. Check your files for bills outstanding.
- C. Notes Receivable- Money owed to you and documented by promissory notes.
- D. Inventory of Materials and Supplies- Goods on hand for resale, tires and other supplies used in the business.
- E. Other Current Assets:
 - a) Stocks, Bonds, Other Securities- U.S. Savings Bonds, Treasury issues, other money market & stock market investments. Check your records for documentation of current holdings. Current, market value for some types of securities may be found in newspaper financial pages; for others, contact your broker.
 - b) Cash Surrender Value Life Insurance- Investment or equity built up in your whole or straight life insurance policy. (Term life insurance has no cash surrender value.) Find the cash surrender value from the chart on your policy.
 - c) Rebates/Refunds- Money owed to you for refundable deposits, sales or tax refunds or rebates. Check your files for receipts and current 1040 income tax forms.

OTHER ASSETS

- F. Value of Land and Building- Any land and/or structures affixed to land. Also, legal rights you may have in resources in the land; growing crops, water, mineral, etc. For an estimate of the current market value, you may contact a local real estate agent or hire a professional appraiser.
- G. Value of Truck & other Equipment- Trucks, trailers, mobile homes, motorcycles, campers, boats and airplanes. Vehicle dealers and some libraries carry special price books such as the Kelley Blue Book for new and used auto sellers.

PART II - LIABILITIES (What you owe: your debts):

- A. Accounts Payable- Total balance of what you owe today on bills for goods and services (such as doctor bills) and credit card and store accounts. A credit card company or store usually lists the account's total balance due on the monthly statement mailed to you. If you do not have these records, contact the credit department of firms where you have accounts.
- B. Notes Payable- total balance due on cash loans, both secure and unsecured. Contact the office where you have accounts.
- C. Balance Due on Motor Equipment- Total balance due on equipment used in for-hire operations.
- D. Contracts Payable-Total remaining balance on installment credit contracts for goods such as a cars, furniture, appliances, or services of someone working for you under contract. To figure the total amount due, multiply your monthly payment by the number of months remaining on the contract.
- E. Other Liabilities
 - a) Taxes- Federal and state income or property taxes due as of today (including any past due taxes). Do not list property taxes if they are automatically included with your mortgage payments. Self-employed people should include any Social Security taxes due. Check your income tax or property tax statements.

- b) Real Estate Loans- Balance you owe on deeds of trust (mortgages) on your property. Contact the office where you receive the loan if you don't have these figures. Also, list any liens on property that you are liable for and must pay.
- c) Miscellaneous- Court-ordered judgments of payments you must make, lawsuit settlements, past due accounts, etc.

PART III - NET WORTH (Net worth equals your assets less your liabilities):

EACH OF THE ABOVE CATEGORIES MAY VARY SIGNIFICANTLY FROM APPLICANT TO APPLICANT.



FORTY-FIVE DAYS REQUIRED WORKING CAPITAL SHEET

Line No.	ITEM	AMOUNT
	PART I CURRENT ASSETS	
1.	Total available cash and/or current assets readily convertible to cash	\$
	PART II EXPENSES	
	A. LABOR (EMPLOYEES, SUBHAULERS, ETC.)	
2.	Wages or Salaries \$	
3.	Health & Welfare Payments \$	
4.	Pension Payments \$	
5.	Workers Compensation Insurance \$	
6.	Unemployment Insurance \$	
7.	Social Security Payments \$	
8.	Other (specify) \$	
9.	Subtotal (Add lines 2 thru 8)	
	B. EQUIPMENT FIXED EXPENSES	
10.	Monthly Payment (purchase, lease, etc.) \$	
11.	Down Payment (Leave black if paid) \$	
12.	Insurance (PL, PD and Material Damage) \$	
13.	Registration and License Fees \$	
14.	Weight Fees \$	
15.	Highway Use Taxes \$	
16.	Other (specify) \$	
17.	Subtotal (Add lines 10 thru 16)	\$
	C. EQUIPMENT OPERATING EXPENSES	
	Fuel	
18.	Cost Per Gallon \$	
19.	Miles Per Gallon \$	
20.	Cost Per Mile (Line 18 ÷ 19) \$	
	Oil	
21.	Cost Per Quart \$	
22.	Miles Per Quart \$	
23.	Cost Per Mile (Line 21 ÷ Line 22) \$	
24.	Subtotal (Line 20 +23) \$	
25.	Estimated Miles \$	
26.	Estimated Operating Expense (Line 24 x Line 25)	\$

FORTY-FIVE DAYS REQUIRED WORKING CAPITAL SHEET

	D. OVERHEAD EXPENSES		
27.	Supplies (Stationary, Furniture, etc.)	\$ _____	
28.	Utilities (including installation charges)	\$ _____	
29.	Office or Terminal (rents, payments, leases, etc.)	\$ _____	
30.	Other (specify) _____	\$ _____	
31.	Subtotal (add lines 27 thru 30)		\$ _____
	E. CONTINGENCY EXPENSES		
32.	Deductible Portion of Insurance	\$ _____	
33.	Other (specify) _____	\$ _____	
34.	Subtotal (Add lines 32 and 33)		\$ _____
35.	TOTAL REQUIRED WOKING CAPITAL (ADD LINES 9, 17, 26, 31, AND 34) (LINE 35 SHOULD BE EQUAL TO OR LESS THAN LINE 1.)		\$ _____

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the State of California that all statements, answers and representations on this form, and all attachments, are true, complete and accurate.

Applicant Signature

Date

Applicant Signature

If applicant is a corporation:

Corporate Officer Signature

Date

Corporate Officer Title

INSTRUCTION SHEET FOR FORM HHM 706-E2

In order to evaluate the capital required for an applicant's proposed operation, the applicant must provide:

- a) Total available cash and/or current assets readily convertible to cash (PART 1) (see HHM 706-E1, line 6) and
- b) The amount of capital required to initiate and sustain the operation for 45 days (PART II).

PART I - CURRENT ASSETS

- A. Cash - Money you have on hand. Include cash at home, today's checking and savings account balances.
- B. Accounts Receivable - Money owed to you for goods and/or services. Check your files for bills outstanding.
- C. Notes Receivable - Money owed to you and documented by promissory notes.
- D. Inventory of Materials and Supplies - Goods on hand for resale, tires and other supplies used in the business.
- A. Other Current Assets

PART II - LIABILITIES

Working capital required would be that amount necessary to offset the costs incurred in the following categories of expense:

B. Labor Expenses

Working capital shall be sufficient to meet all labor costs including salary and wage obligation for the applicant's employees as well as all required payments for employee health and social welfare benefit programs (Workers Compensation Insurance, Unemployment Insurance, Health and Welfare, Pensions and Social Security).

C. Equipment Fixed Expenses

Working capital shall be sufficient to meet the costs of all payments for: (1) equipment (including down payment, unless previously paid; (2) vehicle liability and damage insurance; and (3) required licenses, weight and highway use fees.

D. Equipment Operating Expenses

Working capital shall be sufficient to meet the necessary expenses incurred in operating the vehicle in performance of the service proposed including the purchase of fuel and oil. The actual costs of operating equipment will vary according to the type of fuel used (gas or diesel), the type of equipment used and the nature of the operation.

Applicants must determine the cost of fuel, the average miles per gallon to be expected from each type of equipment, the cost of oil per quart and the number of miles driven per quart of oil. Determine these costs by dividing the applicable cost per gallon or quart by the number of miles operated per unit to develop an appropriate operating cost per mile for fuel and oil consumption. Applicant must then determine what his anticipated operated miles will be during the first 45 days of operation and multiply this mileage figure times the operating cost per mile to estimate the working capital required to cover equipment operations.

E. Overhead Expenses

Working capital shall be sufficient to cover all necessary overhead expenses which will be incurred in performing the proposed operations. These expenses include such items as: (1) stationery, desks, business machines; (2) utility bills; and (3) office and terminal expenses (payments, rent, lease, etc.).

F. Contingency Expenses

Working capital shall be sufficient to provide for any contingency expenses that may arise during the first 45 days of operation. These contingencies may include but are not limited to deductible portions of insurance, emergency repairs of minor mechanical problems, petty cash allowances for bridge tolls, weighing fees, living expenses, etc.

EACH OF THE ABOVE CATEGORIES MAY VARY SIGNIFICANTLY FROM APPLICANT TO APPLICANT.



PROJECTED PROFIT AND LOSS STATEMENT

For period of (check one): ☐ 90 Days ☐ 120 Days ☐ 180 Days ☐ One Year

LINE NO.	ITEM	AMOUNT
	PART I - INCOME	
1	Estimate Revenues	\$
	PART II - EXPENSES	
2	Preventive Maintenance	\$
3	Repairs	\$
4	Tires and Tubes	\$
5	Safety Education and Training Program	\$
6	Mechanics Wages	\$
7	Driver and Helper Wages	\$
8	Drivers, Helper and Mechanic Welfare and Pensions	\$
9	Fuel and Oil Expenses	\$
10	Vehicle Leases	\$
11	Other Transportation Expenses	\$
12	Rent	\$
13	Office Wages and Benefits	\$
14	Other Office Expenses	\$
15	Legal and Accounting	\$
16	Insurance, PL & PD	\$
17	Insurance, Workers' Compensation	\$
18	Insurance, Cargo	\$
19	Depreciation	\$
20	Payroll Taxes	\$
21	Fuel and Oil Taxes	\$
22	Vehicle Registrations	\$
23	BHGS Fees and Taxes	\$
24	Other Taxes and Licenses	\$
25	Interest	\$
	CONTINUED ON NEXT PAGE	

26	Total Expenses (Add Line No. 2 through 25)	\$
27	NET PROFIT (or loss*) (Subtract Line No. 1 from Line No. 26)	\$

*If a net loss is shown, please explain how the loss will be paid. If the loss is to be paid out of funds currently available, please complete the verification form.

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the state of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Applicant Signature

Date

Applicant Signature

Date

If applicant is a corporation:

Corporate Officer Signature

Date

Corporate Officer Title

AUTHORIZATION FOR RELEASE OF ACCOUNT INFORMATION

The undersigned authorizes the Bureau of Household Goods and Services (BHGS) to access and obtain such account information from the applicant's designated financial institution as it may require in order to verify the current financial condition set forth in the Household Movers application filed by the undersigned. Verification of, and access to the applicant's bank records shall be limited to the particular accounts and/or items listed below by the applicant and shall be limited to a period of time commencing on the date of the signing of the application and ending on the date of the granting or the denial of the application for an operating permit. However, in no event, shall the period of access to the applicant's financial banking records extend beyond 60 days from the date of the signing of the application. The undersigned has the right to revoke this authorization at any time by providing written notice to BHGS. The undersigned agrees that any account related documents submitted for the purpose of verifying the applicant's financial condition shall be retained with the BHGS whether or not the operating permit is granted.

BANK RECORDS: Verification of bank records (bank statement, letter from bank, etc.) must accompany this form.

NAME OF BANK	LOCATION/PHONE NO.	TYPE OF ACCOUNT (Checking, Savings, Loan)	ACCOUNT NO.	AMOUNT

Applicant Signature

Date

Applicant Signature

Date

*If applicant is married, see next page.

If applicant is a corporation:

Corporate Officer Signature

Date

Corporate Officer Title

CONSENT TO OBTAIN BANK ACCOUNT INFORMATION

(Must be completed by non-applicant spouse of married applicant)

I authorize the BHGS to access and obtain my bank account information for the purpose of evaluating the current financial condition of my spouse as an applicant for a household movers operating permit. Verification of, and access to my bank records, is limited to the accounts and/or items listed below and is limited to a period of time commencing on the date of the signing of the application and ending on the date of the granting or the denial of the application for an operating permit. However, in no event, shall the period of access to my financial banking records extend beyond 60 days from the date of the signing of the application. I understand that I have the right to revoke this authorization at any time by providing written notice to BHGS.

BANK RECORDS: Verification of bank records (bank statement, letter from bank, etc.) must accompany this form.

NAME OF BANK	LOCATION/PHONE NO.	TYPE OF ACCOUNT (Checking, Savings, Loan)	ACCOUNT NO.	AMOUNT

Spouse Signature

Date

GENERAL HIGHWAY SAFETY REQUIREMENTS

The Bureau of Household Goods and Services (Bureau) shall not issue or authorize the transfer of any household movers permit except upon a showing before the Bureau and a finding by the Bureau that the applicant or proposed transferee meets and certifies compliance to all applicable requirements:

- (1) ☐ Yes ☐ No - Is financially and organizationally capable of conducting an operation that complies with the rules and regulations of the Department of the California Highway Patrol governing highway safety.
- (2) ☐ Yes ☐ No - Is committed to observing the hours-of-service regulations of state and, where applicable, federal law, for all persons, including employees operating vehicles in transportation for compensation under the certificate or the permit. **(Property-carrying drivers cannot drive for longer than 14 consecutive hours after 10 consecutive hours off-duty.)**
- (3) ☐ Yes ☐ No - Has a preventive maintenance program in effect for its vehicles used in transportation for compensation that conforms to regulations of the Department of California Highway Patrol in Title 13 of the California Code of Regulations. **(The preventative maintenance program is not required if the vehicles used have less than three axles and have less than 10,001 pound gross vehicle weight.)**
- (4) ☐ Yes ☐ No - Participates in a program to regularly check the driving record of all persons operating vehicles used in transportation for compensation requiring a class A or class B driver's license under the certificate or the permit. **(You must provide the Bureau with a Requester Code Number when a pull notice account is established or if you are already participating in the Pull Notice Program with the DMV.)**
- (5) ☐ Yes ☐ No - Has a safety education and training program in effect for all persons operating vehicles used in transportation for compensation. **(Training and education must be provided at least twice a year. If written or video materials will be used for training, they must be reviewed with employees at least twice a year. You must keep records of training and drivers who participate in the training.)**
- (6) ☐ Yes ☐ No - Will maintain its vehicles used in transportation for compensation in a safe operating condition and in compliance with the Vehicle Code and with regulations contained in Title 13 of the California Code of Regulations relative to motor vehicle safety.
- (7) ☐ Yes ☐ No - Has provided the Bureau with the physical address of an office or terminal where documents supporting the factual matters specified in the showing required by this section may be inspected by the Bureau and the Department of the California Highway Patrol.

NOTE: A "commercial vehicle" is a vehicle which is used or maintained for the transportation of persons for hire, compensation, or profit or designed, used, or maintained primarily for the transportation of property (for example, trucks and pickups). CVC §260.

I (we) hereby certify, under penalty of perjury, under all laws of the state of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Signature of Applicant (Officer)

Title

Date

Signature of Applicant (Officer)

Title

Date

VERIFICATION AND CERTIFICATION OF TRAINING, SAFETY, AND MAINTENANCE PROGRAMS

I. PREVENTIVE MAINTENANCE PROGRAM

Note: Each prime mover shall make reasonable efforts to ensure that its subhaulers comply with required preventive maintenance and inspection of vehicles.

- A. Attach a copy of the proposed preventive maintenance schedule and the form(s) you will be using to record the completion of the maintenance (see Samples I. A., B., and C).
- B. Attach a copy of the driver's daily vehicle condition report form that you will use (see Sample II).

II. SAFETY EDUCATION AND TRAINING PROGRAM

- A. Describe your safety education and training program (see Samples III. A., B., and C.).

Attach copies of any written materials you will use. If you have enrolled or are enrolling yourself, employee-drivers or subhaulers in a safety program provided by another organization, attach documents showing that fact and identify the program. If you or your employees or subhaulers have completed such a program, attach documents of proof.

- B. Will employee-drivers be enrolled in this program? _____
- C. Will subhaulers be enrolled in this program? _____

III. DEPARTMENT OF MOTOR VEHICLES DRIVER SAFETY REGULATIONS

You must provide the Bureau with a Requester Code Number which is assigned by the DMV when a pull notice account is established with that department. If you are already participating in the pull notice program, please enter your requestor code number and the number of class A and class B drivers listed with DMV in the spaces below. If you are not yet participating in the pull notice program, you may apply by calling DMV at (916) 657-6346.

REQUESTER
CODE NUMBER

NUMBER OF CLASS A OR
CLASS B EMPLOYEE-DRIVERS
LISTED WITH DMV

NUMBER OF CLASS A OR
CLASS B SUBHAULER
DRIVERS LISTED WITH DMV

IV. ORGANIZATION REQUIREMENTS

Name of person(s) in your business responsibility for highway safety: _____

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the state of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Applicant Signature

Date

Applicant Signature

If applicant is a corporation:

Corporate Officer Signature

Date

Corporate Officer Title

A GUIDE TO FILING OUT FORM HHM 706-G

Keep this guide form your files. Do not return it with your application.

I. GENERAL HIGHWAY SAFETY REQUIREMENTS

Items 1 through 7 generally explain the safety rules that you are expected to know and abide by in order to obtain a household movers permit from BHGS to engage in business in this state.

II. PREVENTIVE MAINTENANCE PROGRAM

A. Attach to form HHM 706-G a copy of preventive maintenance schedule and the form(s) you will be using to record completed maintenance work. (Note: The preventative maintenance program is not required if the vehicles used have less than three axles and have less than 10,001 pounds gross vehicle weight).

1. The form you use must include a list of the items to be services or inspected, the mileage or time interval when the maintenance will be performed, and a place for recording maintenance performed (see Samples I A., B., and C. Your local CHP Motor Carrier Safety Unit will send you one free copy of these forms).
2. Your maintenance schedule must have a minimum inspection schedule of 90 days for items listed below:
 - a. Brake adjustment
 - b. Brake system components and leaks.
 - c. Steering and suspension systems.
 - d. Tires and wheels.
 - e. Vehicle connecting devices.

These items should be inspected more often if necessary to ensure safe operation. Any other categories, components or parts may have an inspection interval longer than 90 days, but no longer than 20,000 miles or 4 months, whichever comes sooner, unless you explain why the mileage or time exceeding these limits is reasonable.

You must perform preventive maintenance frequently enough to ensure that your vehicles are in safe and proper operating condition at all times. Vehicles which are out of service for periods longer than 90 calendar days are not required to be inspected at 90-day intervals if they are inspected before operation on the highway.

B. Attach to form HHM 706-G a copy of the driver's daily vehicle condition report form that you will use (see Sample II).

III. SAFETY EDUCATION AND TRAINING PROGRAM

As a **minimum**, a carrier safety education and training program shall cover the following subjects, as set forth in the **California Commercial Driver Handbook**, published by the Department of Motor Vehicles.

- Commercial driver license program, qualifications, and sanctions
- Commercial driver license test
- Inspecting your vehicle
- Basic control of your vehicle
- Size and weight of vehicles and loads
- Air brakes
- Combination vehicles
- Hazardous materials

- A. If you develop your own safety education and training program, provide a description of all materials to be used and an explanation of the program.

You may purchase a commercially available program if you wish. A few of these programs are mentioned below. If you adopt the safety education and training program of a shipper or other mover, you must provide a copy of that program.

You must explain how you intend to use the program that you choose. For example, state how many hours of training there will be; how often training will be given; that drivers will be given the material that they are required to read; etc. (see Sample III, A., B., and C). Training and education must be provided at least twice a year. If written or video materials will be used for training, they must be reviewed with employees at least twice a year. You must keep records of training and drivers who participate in the training.

Acceptable safety materials include the DOT Federal Motor Carrier Safety Regulations Pocketbook (Call (916) 498-5050 or (909) 653-2299 for sales information and the Department of Motor Vehicles Commercial Driver Handbook available at DMV office.

If you purchase any of the following materials to fulfill the requirements for a safety education and training program, attach a copy of the receipt to prove you have purchased the material.

1. California Trucking Association (CTA) Safety and Maintenance Kit.
2. American Trucking Association (ATA) Driver Training and Safety Videos.
3. California Dump Truck Owners Associations (CDTOA) Preventive Maintenance and Driver Training and Safety Kits.
4. Trucking Support Services Team, Inc. (TruSST) Safety Kit.

If you purchase a program from a safety consultant, you must attach a copy of the receipt listing the materials purchased to form HHM 706-G. A program should include:

- DOT Federal Motor Carrier Safety Regulations Pocketbook
- Department of Motor Vehicles Commercial Driver Handbook

IV. DEPARTMENT OF MOTOR VEHICLES DRIVER SAFETY REGULATIONS

Before the Bureau will issue a certificate or permit, you must show evidence that you will regularly check the driving records of employees and subhaulers driving vehicles requiring a Class A or Class B license. You must check the driving records of employees by participating in the DMV's pull notice program. You must check the driving records of subhaulers by listing those drivers in your periodic report request to the DMV, as required by Vehicle Code Section 1808.1(c).

To participate in the pull notice program and to receive information how to request periodic reports, call DMV at (916) 657-6346.

A NOTE FROM THE CALIFORNIA HIGHWAY PATROL

In addition to the above listed safety requirements, household movers operating or directing the operations of the following vehicles must participate in the Biannual Inspection of Terminals (BIT) Program.

- Truck with three or more axles and a gross vehicle weight rating over 10,000 lbs.
- Truck tractors
- Trailers or semi-trailers used in combination with the above vehicles
- Any truck, or any combination of a truck and any other vehicle, transporting hazardous material in an amount that requires placarding
- Any two-axle truck with a gross vehicle weight rating exceeding 10,100 lbs. towing trailers resulting in combination lengths over 40 feet.

This program requires a fee paid inspection of each terminal every two years.

To find out what happens during the BIT program inspection, get the California Highways Patrol Motor Carrier Safety Compliance Handbook, HPH 84.6. Single copies of this handbook are available for a nominal charge at all Highway Patrol Area Offices or Division of Motor Carrier Safety Units (see below for local telephone numbers and addresses). Household Movers should also obtain a copy of the California Vehicle Code (available at Department of Motor Vehicle Offices) and a copy of Title 13, California Code of Regulations, available from:

Barclay's Law Publishers

Attention: Client Services
P.O. Box 3066
South San Francisco, CA 94083
(415) 244-6611

CHP Motor Carrier Safety Units

- | | |
|---|----------------|
| 1. 11336 Trade Center Drive, Rancho Cordova, CA 95741 | (916) 464-2090 |
| 2. 1551 Benicia Road, Vallejo, CA 94591 | (707) 648-4180 |
| 3. 4115 Broad Street, Suite B-10, San Luis Obispo, CA 93401 | (805) 549-3261 |

KEEP THIS GUIDE FOR YOUR FILES.
PLEASE DO NOT RETURN THIS GUIDE WITH YOUR APPLICATION.

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRUCK AND/OR TRACTOR MAINTENANCE & SAFETY INSPECTION

* Inspection of these items meets the minimum requirements of 34505.5 CVC

CARRIER NAME

1001

[illegible]

SIGNATURES OF INSPECTORS

JANUARY INSPECTION	DATE	FEBRUARY INSPECTION	DATE	MARCH INSPECTION	DATE	APRIL INSPECTION	DATE
MAY INSPECTION	DATE	JUNE INSPECTION	DATE	JULY INSPECTION	DATE	AUGUST INSPECTION	DATE
SEPTEMBER INSPECTION	DATE	OCTOBER INSPECTION	DATE	NOVEMBER INSPECTION	DATE	DECEMBER INSPECTION	DATE

Form may be reproduced privately—bulk supplies are not available from the CHP

* Inspection of these items meets the minimum requirements of 34505.5 CVC

CARRIER NAME

Chp108 1109.pdf

CHP 108 (Rev. 6-05) OPI 062
CARRIER NAME

UNIT #

LICENSE #

MILEAGE OR HOURS		DATE	BY
SAMPLE	LUBRICATION		
	OIL CHANGE		
	OIL ADDED		
	FILTER CHANGE		
	TRANSMISSION		
	DIFFERENTIAL		
	WHEEL BEARINGS		
	BATTERIES		
	BRAKE ADJUSTMENT		
	TIRE PRESSURE		
	A LEVEL SERVICE		
	B LEVEL SERVICE		
C LEVEL SERVICE			
MILEAGE OR HOURS		DATE	BY
SAMPLE	LUBRICATION		
	OIL CHANGE		
	OIL ADDED		
	FILTER CHANGE		
	TRANSMISSION		
	DIFFERENTIAL		
	WHEEL BEARINGS		
	BATTERIES		
	BRAKE ADJUSTMENT		
	TIRE PRESSURE		
	A LEVEL SERVICE		
	B LEVEL SERVICE		
C LEVEL SERVICE			

CHP 108 (Rev. 6-05) OPI 062

YEAR

[illegible]

DRIVER'S VEHICLE INSPECTION REPORT

Check any defective item and give details under "remarks."

DATE: _____

TRUCK/TRACTOR NO.: _____

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> AIR COMPRESSOR | <input type="checkbox"/> FRONT AXLE | <input type="checkbox"/> SAFETY EQUIPMENT |
| <input type="checkbox"/> AIR LINES | <input type="checkbox"/> FUEL TANKS | Fire Extinguisher |
| <input type="checkbox"/> BATTERY | <input type="checkbox"/> HORN | Flags/Flares/Fuses |
| <input type="checkbox"/> BELTS AND HOSES | <input type="checkbox"/> LIGHTS | Reflective Triangles |
| <input type="checkbox"/> BODY | Head/Stop | Spare Bulbs |
| <input type="checkbox"/> BRAKE ACCESSORIES | Tail/Dash | Spare Seal Beam |
| <input type="checkbox"/> BRAKES, PARKING | Turn Indicators | <input type="checkbox"/> STARTER |
| <input type="checkbox"/> BRAKES, SERVICE | Clearance/Marker | <input type="checkbox"/> STEERING |
| <input type="checkbox"/> CLUTCH | <input type="checkbox"/> MIRRORS | <input type="checkbox"/> SUSPENSION SYSTEM |
| <input type="checkbox"/> COUPLING DEVICES | <input type="checkbox"/> MUFFLER | <input type="checkbox"/> TIE CHAINS |
| <input type="checkbox"/> DEFROSTER/HEATER | <input type="checkbox"/> OIL PRESSURE | <input type="checkbox"/> TIRES |
| <input type="checkbox"/> DRIVE LINE | <input type="checkbox"/> RADIATOR | <input type="checkbox"/> TRANSMISSION |
| <input type="checkbox"/> ENGINE | <input type="checkbox"/> REAR END | <input type="checkbox"/> TRIP RECORDER |
| <input type="checkbox"/> EXHAUST | <input type="checkbox"/> REFLECTORS | <input type="checkbox"/> WHEELS AND RIMS |
| <input type="checkbox"/> FIFTH WHEEL | | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> FLUID LEVELS | | <input type="checkbox"/> WINDSHIELD WIPERS |
| <input type="checkbox"/> FRAME AND ASSEMBLY | | <input type="checkbox"/> OTHER |

TRAILER(S) NO. (S): _____

- | | | |
|--|--|--|
| <input type="checkbox"/> BRAKE CONNECTIONS | <input type="checkbox"/> LANDING GEAR | <input type="checkbox"/> TARPAULIN |
| <input type="checkbox"/> BRAKES | <input type="checkbox"/> LIGHTS - ALL | <input type="checkbox"/> TIRES |
| <input type="checkbox"/> COUPLING DEVICES | <input type="checkbox"/> REFLECTORS | <input type="checkbox"/> WHEELS AND RIMS |
| <input type="checkbox"/> COUPLING (KING) PIN | <input type="checkbox"/> REFLECTIVE TAPE | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> DOORS | <input type="checkbox"/> ROOF | |
| <input type="checkbox"/> HITCH | <input type="checkbox"/> SUSPENSION SYSTEM | |

REMARKS:

- ☐ CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE:

- ☐ ABOVE DEFECTS CORRECTED (ATTACH WORKORDER SHOWING WORK TO BE DONE AND PARTS AND MATERIALS USED).
- ☐ ABOVE DEFECTS NEED TO BE CORRECTED FOR SAFE OPERATION OF VEHICLE.

MECHANIC SIGNATURE _____

DATE _____

II. PREVENTIVE MAINTENANCE PROGRAM

Note: Each prime carrier shall make reasonable efforts to ensure that its subhaulers comply with required preventive maintenance and inspection of vehicles.

- A. Attach a copy of preventive maintenance schedule and the form(s) you will be using to record preventive maintenance completed (see Samples I. A., B., and C).
- B. Attach a copy of the driver's daily vehicle condition report form that you will use (see Sample II).

III. SAFETY EDUCATION AND TRAINING PROGRAM

- A. Describe your safety education and training program (see Samples III. A., B., and C.).

I have acquired the California Commercial Drivers Handbook and the DOT Federal
Motor Carrier Safety Regulations Pocketbook. I will review the materials every six months
and keep abreast of any changes in requirements. Photocopies of covers of Commercial
Drivers Handbook and the DOT Federal Motor Carrier Safety Regulations Pocketbook
attached.

OR: I have enrolled in the following program: (see attached receipt/enrollment
confirmation and copies of materials to be used in the course).

Attach copies of any written materials you will use. If you have enrolled or are enrolling yourself, employee drivers or subhaulers in a safety program provided by another organization, attach documents showing that fact and identify the program. If you or your employees or subhaulers have completed such a program, attach documents of proof.

- B. Will employee-drivers be enrolled in this program? NO
- C. Will subhaulers be enrolled in this program? NO

II. PREVENTIVE MAINTENANCE PROGRAM

Note: Each prime carrier shall make reasonable efforts to ensure that its subhaulers comply with required preventive maintenance and inspection of vehicles.

- A. Attach a copy of preventive maintenance schedule and the form(s) you will be using to record preventive maintenance completed (see Samples I. A., B., and C).
- B. Attach a copy of the driver's daily vehicle condition report form that you will use (see Sample II).

III. SAFETY EDUCATION AND TRAINING PROGRAM

- A. Describe your safety education and training program (see Samples III. A., B., and C.).
We have purchased the ATA Driver Training and Safety Videos and shall use them and the DOT Federal Motor Carrier Safety Regulations Pocketbook and the DMV California Commercial Driver Handbook in quarterly review seminars for all employee drivers and subhaulers. We shall require all prospective employees and subhaulers to pass an in house course before hiring/contracting them (see attached copies of receipts and materials to be used in the office).

Attach a copy of any written materials you will use. If you have enrolled or are enrolling yourself, employee drivers or subhaulers in a safety program provided by another organization, attach documents showing that fact and identify the program. If you or your employees or subhaulers have completed such a program, attach documents of proof.

- B. Will employee-drivers be enrolled in this program? YES
- C. Will subhaulers be enrolled in this program? YES

Each new driver to receive:

1. A classroom course, four hours long, consisting of at least these subjects:
 - a. Driver's attitude
 - b. Rules of the road
 - c. Techniques for avoiding or minimizing accidents
 - d. Defensive driving strategies
 - e. Handling emergency and hazardous driving conditions
 - f. Fuel conservation practices
 - g. Preventive maintenance
2. Behind the wheel defensive driving course, two hours long, including:
 - a. Defensive driving techniques
 - b. Vision control techniques
 - c. Backing techniques
 - d. Cornering techniques
 - e. Emergency maneuvers
 - f. Written evaluation
3. In addition to the above, all drivers will attend a monthly safety meeting one-hour long. Driver's input on safety problems will be discussed. New regulations will be explained and discussed. Procedures such as preventive maintenance, safety checks, and hours of service regulations will be explained and discussed.
4. If _____ accidents occur with an individual, an eight-hour intensive training course will be given consisting of:
 - a. Defensive driving techniques
 - b. Attitude
 - c. Vision control techniques
 - d. Backing techniques
 - e. Drugs/drinking
 - f. Emergency/maneuvers
 - g. Cornering techniques
 - h. Night driving
 - i. Skid control
 - j. Preventive maintenance
 - k. Written evaluation



WORKERS' COMPENSATION DECLARATION FORM

When you fill out this form, remember that the term "employee" includes clerical persons as well as drivers and any other persons employed in your operations as a household mover.

If your business is an OUT OF STATE CORPORATION, please note that you are not subject to the workers' compensation laws of California unless you have employees who reside in California. If you have employees who reside in California, check "B" below; if not check "A".

If you employ persons in your household mover operations in any manner that makes you subject to the workers' compensation laws of California, have your insurance company submit proof of insurance via the Bureau's Insurance E-Filing or a certificate of consent to self-insure issued by the Director of Industrial Relations.

Check one of the following (read both before choosing):

- ☐ I DO NOT HAVE ANY EMPLOYEES. If I hire employees in the future, I will submit an amended Workers' Compensation Declaration Form to the Bureau and contact my insurance company at once and have the required certificate of coverage mailed to the Bureau. **Note:** If you check this box, you must attach a written explanation of how you will conduct operations without employees.
- ☐ I DO have employees. (This box also applies to applicants for a permit or certificate who do not now have employees but will employ workers upon commencement of operations.) I will contact my insurance company and have the required certificate of coverage mailed to the Bureau. I understand that the Bureau will not issue or reinstate a permit or certificate until it receives my certificate of coverage.

CERTIFICATION

I/We hereby certify, under penalty of perjury, under all laws of the state of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Applicant Signature

Date

Applicant Signature

Date

If applicant is a corporation:

Corporate Officer Signature

Date

Corporate Officer Title

IMPORTANT NOTICE REGARDING THE TRANSPORTATION OF USED OFFICE, STORE, AND INSTITUTION FURNITURE AND FIXTURES

Business and Professions Code section 19241 allows household movers to transport used office, store and institution furniture and fixtures (commonly referred to as “office moves”) under its Bureau of Household Goods and Services (Bureau) Household Movers Permit rather than under the Motor Permit issued by the Department of Motor Vehicles (DMV) normally required for this service. If you elect to perform this type of transportation under your household movers permit rather than a DMV permit, you must make your election in writing to the Bureau by completing the “Notice of Election” form on the next page.

If you elect to transport used office, store, and institution furniture and fixtures under your household movers permit and later decide to transport these items under a DMV Motor Carrier Permit, you may do so by obtaining the required DMV permit and notifying the Bureau of your decision by completing another “Notice of Election” form and mailing it to the Bureau.

NOTE: If you elect to transport used office, store, and institution furniture and fixtures under your household movers permit, you will be required to pay the minimum quarterly fee of \$15 required of all household movers, plus a fee of 1/10 of 1% of the revenue earned from this transportation (the fee on revenue from the transportation of used furniture and personal property to and from a residence is ½ of 1%). In addition, revenue from both residential and office moves is subject to a 1/10 of 1% Uniform Business License Tax. Note that you will be able to perform office moves under your household movers permit only if you notify the Bureau in writing of your election to perform these moves.

If you do not file notice with the Bureau of your election to transport used office, store, and institution furniture and fixtures under your household movers permit, you will need to hold a DMV Motor Carrier Permit to perform this function. The DMV charges an annual permit fee based on the number of vehicles you will operate. To ascertain the requirements for obtaining a Motor Carrier Permit, including the amount of the permit fee, you may contact your nearest DMV office or the DMV’s Motor Carrier Permit Unit, P.O. Box 932370, Sacramento, CA 94232-3700, or phone (916) 657-8153.



**NOTICE OF ELECTION OF OPERATING AUTHORITY
TO BE USED FOR THE TRANSPORTATION OF
USED OFFICE, STORE, AND INSTITUTION FURNITURES AND FIXTURES**

This is to inform you that I (we) have elected to transport used office, store, and institution furniture and fixtures under (check only one box):

My (our) Bureau Household Movers Permit

A DMV Motor Carrier Permit

Movers Business Name

Movers Address

Phone Number

Applicant Signature

Date

Applicant Signature

Date

If applicant is a corporation:

Corporate Officer Signature

Date

Corporate Officer Title



DRIVER STATEMENT OF APPLICANT

NAME OF APPLICANT: _____

I/We hereby certify that any and all drivers employed by the permit holder thereby possess a valid and unrestricted California Driver License authorizing the operation of the vehicles to be utilized or will hold such license(s) prior to conducting any operations. The driver license(s) to be used is/are as follows (to be verified by BHGS):

Driver's Name	California Driver License No.	Expiration Date	FOR DMV USE ONLY	
			CLASS OF LICENSE	STATUS

ATTACH SHEET(S) FOR ADDITIONAL DRIVERS IF NECESSARY

If applicant(s) or drivers hold other authorizations required to legally operate the highway equipment to be utilized in these proposed operations, state the nature of such authorization.

Applicant Signature

Date

Applicant Signature

Date

If applicant is a corporation:

Corporate Officer Signature

Date

Corporate Officer Title



REQUEST TO RECEIVE NOTICES AND FORMS BY EMAIL

To: **BHGS**
Division of Household Movers
4244 South Market Court, Ste. D
Sacramento, CA 95834

Mover Name: _____

The individual, corporation, limited liability company, general partnership, limited partnership, or other legal entity to which the Bureau of Household Goods and Services (BHGS) authority was issued, or which appears on your application. DO NOT show any fictitious business name (DBA) in this space.

See next page for explanations and information before completing the following.

☐ I/Household Mover authorize(s) BHGS to send any notices or forms pertaining to the above-named mover to the designated email address below. I certify and agree that the above-named mover is responsible for ensuring that all correspondence sent to the email address below is read timely by the mover, or its authorized agent, and for responding to such correspondence as may be required.

Email Address (type or print clearly):

**READ THE INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS SPACE
PROVIDE ONLY ONE EMAIL ADDRESS PER MOVER (FILE NUMBER)**

☐ I/Household Mover elect(s) to have all correspondence from BHGS sent via the U.S. Postal Service or other mail delivery service chosen by BHGS.

I have read and understand the information on this form, including the information provided on the reverse side.
I am (check one):

- ☐ The individual owner (named above as "Household Mover Name");
- ☐ The majority owner or 50% owner of the general partnership;
- ☐ The responsible owner/officer of the corporation;
- ☐ An owner/managing member of the limited liability company (LLC);
- ☐ The General Partner of the limited partnership.

Applicant Signature

Date

If applicant is a corporation:

Corporate Officer Signature

Date

Corporate Office Title

INSTRUCTIONS ON HOW TO OBTAIN YOUR REQUIRED CA NUMBER

Step 1: Submit your Household Movers application to obtain your CAL-T (also known as MTR number) to include in Part 6 of the CHP 362 Motor Carrier Profile form.

Step 2: Obtain a United States Department of Transportation (USDOT) number. USDOT numbers are issued by the Federal Motor Carrier Safety Administration (FMCSA). The online application can be found at this website:

<https://www.fmcsa.dot.gov/registration/getting-started>

The FMCSA regulates **interstate** commerce. When using the website to determine if a USDOT number is required, it may indicate a USDOT number is not required for **intrastate** commerce unless you are transporting hazardous materials in a quantity requiring the display of placards. Even though you may not be engaged in **interstate** commerce, or transporting hazardous materials, you are required by section 34507.5(a)(1) of the California Vehicle Code (CVC) to obtain a USDOT number before obtaining a California identification number (CA number). The California Highway Patrol (CHP) will not issue a carrier identification number without a USDOT number.

Step 3: To obtain a carrier identification number, submit a CHP 362 Motor Carrier Profile to a local CHP Motor Carrier Safety Office located on page 3 of the form. Be sure to include your USDOT and Cal-T/MTR number on the application (Part 6). **A carrier identification number will not be issued by the CHP without this information.** The CHP 362 Motor Carrier Profile can be found online at: <https://www.chp.ca.gov/CommercialVehicleSectionSite/Documents/H%20chp362.pdf>

CVC SECTION 34507.5 provides in relevant part:

(a) A motor carrier, as defined in Section 408, a motor carrier of property, and a for-hire motor carrier of property, as defined in Section 34601, shall obtain a carrier identification number from the department. Application for a carrier identification number shall be on a form furnished by the department. The department may furnish the form online and require the form to be completed and submitted electronically via the department's Internet Web site. Information provided in connection with an application for a carrier identification number shall be true and accurate, and updated by a motor carrier upon request from the department and within 15 days of any change of address or cessation of regulated activity at any of the motor carrier's terminals.

(1) A motor carrier required to obtain a carrier identification number shall first obtain a United States Department of Transportation number from the Federal Motor Carrier Safety Administration and provide that number on the application for a carrier identification number. The department shall not assign a carrier identification number unless the application includes the United States Department of Transportation number assigned to, and properly identifying, the motor carrier.

(2) A motor carrier shall ensure information associated with the United States Department of Transportation number assigned to the motor carrier is true and accurate. The information shall be updated as required by Part 390.19 of Title 49 of the Code of Federal Regulations, before the motor carrier operates a commercial motor vehicle, at least once every two calendar years, and within 15 days of any change of information or cessation of regulated activity.